

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

[] Original [] Amended [] Termination

State: California

Co./City/ Dist. of: _____

Tribunal/Case Number: _____

Employer/Withholder's Name: _____

Employer/Withholder's Address: _____

Employer/Withholder's Federal EIN Number (if known): _____

RE: Employee/Obligor's Name (Last, First, MI): _____

Child(ren)'s Name(s): _____

DOB: _____

Employee/Obligor's Social Security Number: _____

Employee/Obligor's Case Identifier: _____

Obligee Name (Last, First, MI): _____

☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.**ORDER INFORMATION:** This *Order/ Notice* is based upon an order for support order _____ from _____.
You are required by law to deduct these amounts from the employee's/ obligor's income until further notice.

\$ _____ per _____ current child support

\$ _____ per _____ past-due child support — Arrears 12 weeks or greater? ☐ yes ☐ no

\$ _____ per _____ current medical support

\$ _____ per _____ past-due medical support

\$ _____ per _____ spousal support

\$ _____ per _____ other (specify): _____

for a total of \$ _____ per _____ to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$ _____ per weekly pay period.

\$ _____ per semimonthly pay period (twice a month).

\$ _____ per biweekly pay period (every two weeks).

\$ _____ per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the paydate/ date of withholding and the case identifier. If the employee's/ obligor's principal place of employment is _____ begin withholding no later than the first pay period occurring _____ days after the date of this *Order/ Notice*. Send payment within _____ working days of the paydate/ date of withholding. The total withheld amount, including your fee, cannot exceed _____ % of the employee's/obligor's aggregate disposable weekly earnings.**If the employee's/ obligor's principal place of employment is not _____, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/ obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).****If remitting payment by EFT/ EDI, call _____ before first submission. Use this FIPS code: _____****Bank routing code: _____ Bank account number: _____**Make check payable to: (*Payee and Case identifier*):

Send check to:

Authorized by: _____

Date: _____

Authorized by: _____

Date: _____

Print Name

Date: _____

Of Authorized

Date: _____

Official(s):

Date: _____

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

- ☒ **If checked, you are required to provide a copy of this form to your employee, along with a blank *Request for Hearing Regarding Earnings Assignment* (form FL-450) within 10 days. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee even if the box is not checked.**

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned business located on a reservation that choose to withhold in accordance with this notice.
2. **Priority:** Withholding under this *Order/Notice* has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the State Child Support Enforcement Agency or party listed in number 12 below.
3. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
4. **Reporting the Paydate/ Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
5. **Employee/ Obligor with Multiple Support Withholdings:** If there is more than one *Order/Notice to Withhold Income for Child Support* against this employee/obligor and you are unable to honor all support *Order/Notices* due to Federal or State withholding limits, you must follow the law of the state of the employee's/obligor's principal place of employment. You must honor all *Order/Notices* to the greatest extent possible. (see #10 below)
6. **Termination Notification:** You must promptly notify the Child Support Enforcement Agency or payee when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this *Order/Notice* to the Child Support Enforcement Agency or payee.

EMPLOYEE'S/ OBLIGOR'S NAME: _____ **CASE IDENTIFIER:** _____

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN HOME ADDRESS:	NEW EMPLOYER'S ADDRESS:
_____	_____
_____	_____
_____	_____
_____	_____

7. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.
8. **Liability:** If you have any doubts about the validity of the *Order/Notice*, contact the agency or person listed below. If you fail to withhold income as the *Order/Notice* directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by State law.
9. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
10. **Withholding Limits:** You may not withhold more than the lesser of : 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., §1673(b)); or 2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; and Medicare taxes; along with disability insurance and payments to public employees' retirement systems. After the Obligor's disposable earnings are known, withhold the amount required by the *Order/Notice*, **but never withhold more than 50 percent of the disposable earnings unless the court order specifies a higher percentage.** Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.
11. **To the Employee/Obligor:** If you did not receive a blank *Request for Hearing Regarding Earnings Assignment* (form FL-450), you may get one from the court clerk, the local child support agency, or the family law facilitator.
12. **Submitted by:**
13. If you or your employee/obligor have any questions, contact:
by telephone at _____ or by FAX at _____ or by Internet _____
14. **Earnings for purposes of this *Order/ Notice* include:** 1) wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer; 2) payments for services of independent contractors; 3) dividends, interest, rents, royalties, and residuals; 4) patent rights, and mineral or other natural resource rights; 5) any payments due as a result of written or oral contracts for services or sales, regardless of title; 6) payments due for workers' compensation temporary benefits, or payments from a disability or health insurance policy or program; and 7) any other payments or credits due regardless of source.